



Montana Fish, Wildlife & Parks

Montana Wild Education Center 2012 Acknowledgement of Risk Form

I understand that some of the activities that I may participate in at Montana Wild, including archery, hiking, and fishing involve some level of risk and understand that due to the nature of these activities all injuries cannot be completely prevented. I understand that participation involves various levels of risk, and I am aware that there is a possibility that I may receive an injury. These injuries may range from a simple bruise to a cut, sprain, strain, or injuries that may require medical attention.

I certify that I am physically fit to participate in, the above mentioned, activities and have not been advised otherwise by a qualified person.

I hereby consent to receive medical treatment that may be deemed advisable in the event of injury, accident and/or illness during an activity.

I understand that at this event or related activities, I may be photographed. I agree to allow my photo, video or film likeness to be used for any legitimate purpose by Montana Wild, such as, newsletters, FWP website, and brochures.

I acknowledge that this form will be used by Montana Fish, Wildlife & Parks and Montana Wild and its staff, and that it will govern my actions and responsibilities during the activities I participate in at Montana Wild.

By signing below, I hereby acknowledge that I am voluntarily participating in activities at Montana Wild and that I have read and understand everything written above and voluntarily sign this Acknowledgement of Risk Form.

School Name: _____

Print Participants Name

age

Signature (if under 18 years old,
Parent or guardian must also sign)

Date

Print Parent/Guardian's Name

Signature of Parent or Guardian

Date